

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8881	2 Fiscal Year Covered From. 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Justin J Knoble P O Box Bldg Room No if any Street 4801 F Street City Omaha State Nebraska ZIP Code + 4 68117	4 Name file number and address of labor organization Name Plumbers AFL CIO Local Union No 16 Labor Organization File Number 019 806 P O Box Building and Room Number if any Street 4801 F Street City Omaha State Nebraska ZIP Code + 4 68117
5 Position in labor organization Finance Committee Member	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Omaha Plumbers Joint Apprenticeship Fund Trade Name if any P O Box Bldg Room No if any Street 4801 F Street City Omaha State Nebraska ZIP Code + 4 68117	7.a Nature of Interest, Transaction or Income Attendance of the annual completion banquet held to honor the graduates of the five year apprenticeship program 7.b Amount \$72

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Justin J Knoble</u>	On <u>8/2/2005</u> Date	<u>(402) 734-6274</u> Telephone Number

Name of Person Filing Justin Knoble	File Number U-
-------------------------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name N/A Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer				
10 If 9 b or 9 c is checked give trust or employer's name Name N/A Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<table border="1"> <tr> <td data-bbox="803 682 1526 934"> 11 a Nature of such dealing N/A </td> </tr> <tr> <td data-bbox="803 934 1526 976"> 11 b Approximate dollar value of such dealing \$0 </td> </tr> <tr> <td data-bbox="803 976 1526 1249"> 12 a Nature of interest held or income received N/A </td> </tr> <tr> <td data-bbox="803 1249 1526 1281"> 12 b Amount \$0 </td> </tr> </table>	11 a Nature of such dealing N/A	11 b Approximate dollar value of such dealing \$0	12 a Nature of interest held or income received N/A	12 b Amount \$0
11 a Nature of such dealing N/A					
11 b Approximate dollar value of such dealing \$0					
12 a Nature of interest held or income received N/A					
12 b Amount \$0					

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name N/A Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment N/A
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$0